

Week of / Year: 20

Facility Name:

Facility/License Number:

Department of Human Services

Division of Child Care and Early Childhood Education

Child Care Weekly Attendance/M meal Record

PROVIDER'S SIGNATURE

Friday / /		Saturday / /		Sunday / /													
B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
<div><div>I declare under penalty of perjury that this information is true and that these children were provided meals and child care at the above location on the days and times listed. I understand I must repay any overpayment resulting from false or incorrect information and that I may be prosecuted for fraud.</div><div><div>In operation of the Child Care Food Program, no child will be discriminated against because of race, color, national origin, sex, or handicap. Any person who believes that he or she has been discriminated against in any USDA related activity should write immediately to the Secretary of Agriculture, Washington, D.C. 20250</div></div></div>																	
WEEKLY TOTALS																	
B																	
L																	
SN																	
D																	

- Meal Codes
- B

Breakfast
- A

AM Snack
- L

Lunch
- P

PM Snack
- D

Dinner
- E

Evening Snack

Total Daily Attendance (TDA)

Total Breakfasts (B)

Total Lunches (L)

Total Snacks (A, P, E)

Total Dinners (D)

For Office Use Only	TDA	Break.	Lunch	Snacks	Dinner	Initial
Tier I Total						
Tier II Total						
Total Meal Count						